



MEDICAL EXAMINER OFFICE
FORT BEND COUNTY, TEXAS

STEPHEN PUSTILNIK, M.D.
CHIEF MEDICAL EXAMINER

AUTOPSY REPORT

CASE NUMBER: 20-00269F
NAME OF DECEASED: [REDACTED]
AGE/RACE/GENDER: 14 Year Black Female
DATE OF DEATH: February 9, 2020
TIME/DATE OF AUTOPSY: February 10, 2020 09:30 hours
PROSECTOR: Stephen Pustilnik, M.D., Chief Medical Examiner
REQUESTING AUTHORITY: Texas Code of Criminal Procedure, 49.25

DIAGNOSES:

- I. Pulmonary thromboembolism
- II. Deep venous thrombosis
- III. Morbid obesity

CAUSE OF DEATH: Pulmonary thromboembolism due to deep venous thrombosis

MANNER OF DEATH: Natural

A handwritten signature in blue ink, appearing to read "Stephen Pustilnik".

Stephen Pustilnik, M.D.
Chief Medical Examiner
Fort Bend County, Texas

The heart is 320 grams and has smooth and glistening epicardium. The coronary ostia are patent and normally situated. The coronary circulation is right dominant. The coronary arteries are free of atherosclerosis or abnormality. The myocardium is homogenous red-brown without extravasated blood or scar. The papillary muscles are red-brown and firm. The chordae tendinae are thin, delicate, and separate. All four cardiac valves are normally formed and free of vegetations, injuries, and ballooning changes. The abdominal and thoracic aorta are patent and free of atherosclerosis or abnormality.

The right and left lungs are 470 and 580 grams, respectively. The pleural surfaces are smooth and glistening without anthracosis. The parenchyma is pink-red and crepitant anteriorly and congested posteriorly and free of mass, lesions, and purulence. The tracheobronchial tree arborize in the normal pattern and are free of mucus plugs. The pulmonary vascular tree is occluded by a saddle embolus which extends down to the second order branches from the main pulmonary artery. Associated with this is a deep venous thrombosis in the right calf. The left deep venous vasculature is free of clot.

The larynx and trachea are lined by smooth pink-red mucosa without lesion or injury. The hyoid bone and thyroid cartilage are intact. The tongue has a homogeneous red-brown muscular interior without extravasated blood or abnormality.

The esophagus has the normal white-tan longitudinal folds. The stomach has a smooth serosa and normal rugal mucosal folds and contains approximately 500 ml of mildly digested tan-brown material without particulate matter or peculiar aroma.

The small and large intestines have smooth serosas and are free of mass or lesions. The appendix is normal. The rectum is filled with pasty, brown stool.

The liver is 2,010 grams and has a smooth and glistening intact capsule. The parenchyma is red-brown and soft without mass or lesions. The gallbladder has a smooth serosa and the normal velvety green mucosa and is empty of bile. The extrahepatic biliary tree is patent and non-dilated.

The pancreas has the normal tan-brown multilobulated parenchyma without mass. The adrenal glands have thin yellow cortices and grey medullas. The thyroid is not enlarged, has a smooth capsule, and homogeneous red-brown parenchyma with indistinct follicles.

The spleen is 160 grams, smooth and glistening intact capsule. The parenchyma is burgundy red with pinpoint white pulp.

The right and left kidneys are 140 and 160 grams, respectively. The capsules are smooth and glistening. The parenchyma is red-brown with distinct corticomedullary junctions and without mass or lesions. The ureters are normal in course and caliber to the bladder. The bladder is lined by normal white-pink trabeculated mucosa and is empty of urine.

The uterus has a cervical funnel head of the approximately 7 cm. The serosa is smooth and glistening. The myometrium is pink-red and unremarkable. The endometrial cavity is thin, narrow, and tan. Bilateral fallopian tubes and ovaries have smooth serosas and unremarkable. The cervical and vaginal mucosa are pink-grey and unremarkable.

The brain is 1,020 grams and covered in moderately congested, clear, glistening leptomeninges. No epidural, subdural, or subarachnoid hemorrhage is identified. The sulcal and gyral patterns are normal. The cerebral hemispheres are symmetric. The grey matter is thin, tan, and free of contusion foci. The white matter is symmetric. The ventricles contain clear colorless spinal fluid and a normal choroid plexus. The basal ganglia, thalamus, hippocampus, amygdala, substantia nigra, and mammillary bodies are symmetric and normally formed. The cerebellum has the normal folia and dentate nucleus. The pons and medulla are free of internal or external abnormalities. The vessels of the circle of Willis are patent and free of atherosclerosis or abnormality. The anterior, middle, and posterior cranial fossas are free of fracture. The pituitary and pineal glands are normal. The vertebral column is without injury.

Autopsy Findings:

1. Pulmonary thromboembolis
2. Deep venous thrombosis
3. Morbid obesity





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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 02/24/2020 11:09

To: 148565
Fort Bend County Medical Examiner's Office
Attn: Medical Examiner
3840 Bamore Rd
Rosenberg, TX 77471

Patient Name [REDACTED]
Patient ID 20-00269F
Chain 20058691
Age 14 Y
Gender Female
Workorder 20058691

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Positive Findings:

None Detected

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
8051B	Postmortem, Basic, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Lavender Vial	2.25 mL	02/09/2020 00:25	Hospital Blood	
002	Light Blue Vial	2.5 mL	02/09/2020 00:25	Hospital Blood	
003	Red Vial	0.2 mL	02/09/2020 00:25	Hospital Blood	
004	Green Vial	1 mL	02/09/2020 00:25	Hospital Serum or Plasma	

All sample volumes/weights are approximations.

Specimens received on 02/18/2020.

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CONFIDENTIAL

Workorder 20058691
 Chain 20058691
 Patient ID 20-00269F

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Detailed Findings:

Examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 20058691 was electronically signed on 02/24/2020 10:29 by:

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Kristopher W. Graf, M.S.
 Certifying Scientist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 8051B - Postmortem, Basic, Blood (Forensic) - Hospital Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamines	20 ng/mL	Fentanyl / Acetyl Fentanyl	0.50 ng/mL
Barbiturates	0.040 mcg/mL	Methadone / Metabolite	25 ng/mL
Benzodiazepines	100 ng/mL	Methamphetamine / MDMA	20 ng/mL
Buprenorphine / Metabolite	0.50 ng/mL	Opiates	20 ng/mL
Cannabinoids	10 ng/mL	Oxycodone / Oxymorphone	10 ng/mL
Cocaine / Metabolites	20 ng/mL	Phencyclidine	10 ng/mL

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL